.e) , t & SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM 10/ FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS AFTER AFTER AFTER AFTER AS FILED AS FILED** I" AMENDMENT 2 nd AMENDMENT 1st AMENDMENT 2 [™] AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP.

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